PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark (Direc U. S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it dispays a valled OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 003848.00131

First In	ventor	David I	1. Mack	25		•
Title	Express	ion Monit	oring for Gene Function Identification	, v. s 6606		
Expres	s Mail Lab	el No.		10	吏	

(Only for n	ew nonprovisional a	pplications unde	er 37 C.F.R. 1	.53(b))	Express Mail L	abel No.		20	淳	
	APPLIC	CATION EL	EMENTS		T		Assistant C	ommissioner for Patents	1	
See MPEP o	chapter 600 concern				ADDR	ESS TO	Box Patent Washington	Application I, DC 20231		
2.	ee Transmittal F Submit an oniginal and Applicant claims s see 37 CFR 1.27. Specification Descriptive title of trons Reference s Statement Regardi Reference to seque or a computer prop Background of the Disc Statement of the Brief Summany of the Disc Statement Search	a duplicate for fee, mall entity sta [7] and set forth belone Invention o Related Applic 19 Fed sponsor incredisting, a tal arm listing apper envention the Invention the Drawings (1)	processing) tus.  Fotal Pages sw)  cations ed R & D ble, ndix	B2 1	8. Nucle (if ap a. [] b. Spe i. [ ii. [	Computer Protected and/or plicable, all plicable, all computer Fedification Science of the paper Statements  ACCOMP  Assignment 37 C.F.R.§ (when ther	r Amino Acid S necessary) Readable Form equence Listin or CD-R (2 cop verifying ident ANYING APPI nt Papers (cov. 3.73(b) Staten e is an assigne	equence Submission (CRF) g on: ies); or ty of above copies LICATIONS PARTS er sheet & document(s)) tent		
4. Drawing(s) (35 U.S.C.113) [Total Sheets 21] 5. Oath or Declaration [Total Pages 2] a. Newly executed (original or copy) b. Opy from a prior application (37 CFR 1.63 (d)) (flor a continualsor/divisional with Box 18 completed)    DELETION OF INVENTOR(S)  Single statement stached deleting inventor(s) named in the prior application, see 37 CFR 1.83 (d)(2) and 1.33(d) 6. Application Data Sheet. See 37 CFR 1.76					12. \(  \) 13. \(  \) 14. \(  \) 15. \(  \) 16. \(  \) 17. \(  \)	Statement (IDS)PTO-1449 Citations  13.  Preliminary Amendment  14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15.  Certified Copy of Priority Decument(s) (If foreign priority is claimed)  16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
or in an App  Conti  Prior app  For CONTIN  under Box 5	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:    Continuation   Divisional   Continuation-in-part (CIP) of prior application No: 92 / 838.278									
					NDENCE AL				ヿ	
⊠ Custon	ner Number or Bar	Code Label	(Insert Custo		315 ittach bar code	: label here)	or 🗆 Co	rrespondence address below		
Name										
Address									$\exists$	
City				State			Zip Code			
Country			Teleph	one			Fax			
Name (Pr	int/Type)	Sarah A. Kaga	an		Registration No. (Attorney/Agent) 32,141			32,141		
Signature SOM OLO			Loc	Date September 12, 2003			September 12, 2003			

Burden Hour Statement. This form it estimated to take 0.2 hours to profete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Charl Information Officer, U.S. Patent and Tradeburg, DC 2023.1. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant commissioner for Patents, Box Patent Application, Washington, DC 20231.

Approved for use through 1031/2002 OMB 055-0032

U.S. Patent and Trademark. Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it allegals a valid OMB conformation for the paper of the pape

FEE TO A MODULTTAL	Complete if Known			
FEE TRANSMITTAL	Application Number	TBA September 12, 2003 David H. Mack		
for FY 2002	Filing Date			
	First Named Inventor			
Patent fees are subject to annual revision.	Examiner Name	J. Goldberg		
☐ Applicant claims small entity status. See 37 CFR 1.27	Group / Art Unit	1634		
TOTAL AMOUNT OF PAYMENT (\$) 2966	Attorney Docket No.	003848 00131		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
	3 ADDITIONAL FEES			

TOTAL AMOUNT OF PAYMENT (\$) 2966						Attorney Docket No 003848 00131				
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
					3. ADDITIONAL FEES					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order  ☐ Deposit Account:					Large	Large Entity Small Entity				
Deposit Account						Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Pald
Account	19-0733				105	130	205	65	Surcharge - late filing fee or oath	
Number						50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit					139	130	139	130	Non-English specification	
Account	Banner & Witcoff, Ltd.				147	2,520	147	2,520	For filing a request for reexamination	
Name The Commission	neck all that and	n(v)	112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
The Commissioner is authorized to: (check all that apply)  ⊠ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application						1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
☐ Charge fee(s)	indicated be	low, except	for the filing f	00	115	110	215	55	Extension for reply within first month	
to the above-iden		account.	TION		116	400	216	200	Extension for reply within second month	$\Box$
1. BASIC FIL					1117	920	217	460	Extension for reply within third month	-
Large Entity	Small Entity				118	1,440	218	720	Extension for reply within fourth month	
	Fee Fee Code (\$)	Fee Des	cription	Fee Paid	128	1.960	228	980	Extension for reply within fifth month	
	201 370	Utility fil	no fee	740	119	320	219	160	Notice of Appeal	
	206 165	Design 1		H	120	320	220	160	Filing a brief in support of an appeal	
	207 255	Plant fili			121	280	221	140	Request for oral hearing	$\overline{}$
108 740	208 370	Reissue	filing fee		138	1,510	138	1,510	Petition to institute a public use proceeding	П
114 160	214 80	Provisio	nal filling fee		140	110	240	55	Petition to revive - unavoidable	
	SUBTO	TAL (1)		(\$) 740	141	1,280	241	640	Petition to revive - unintentional	
					142	1,280	242	640	Utility issue fee (or reissue)	
2. EXTRA CLAIN	A FEES				143	460	243	230	Design issue fee	
		Extra Claims	Fee from below	Fee Paid	144	620	244	310	Plant issue fee	
Total Claims 97	-20 **	= 77	X 18	7 = 1386	122	130	122	130	Petitions to the Commissioner	
Independent	≒"		₹ "  ====	1 ===	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
Claims 13	-3**	= 10	X 84	= 840	126	180	126	180	Submission of Information Disclosure Stmt	
Multiple Dependent Large Entity	( Small E	ntitv	×	= 0	581	40	581	40	Recording each patent assignment per property (times number of properties)	
Fee Fee Code (\$)	Fee Code	Fee	Description		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
103 18 102 84	203		ims in excess of		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
102 84	202		tiple dependent o		l					
109 84	209	"F	eissue independ		179 169	740 900	279 169	370 900	Request for Continued Examination (RCE)  Request for expedited examination	$\vdash$
		ong	inal patent leissue claims in	excess of 20 and	100	300	100	•••	of a design application	1
110 18 210 9 Reside Callins III excess to 20 and over original patent					Other fee (specify)					$\vdash$
SUBTOTAL (2) (\$) 2226										
					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0					
"or number prev	**or number previously paid, if greater; For Reissues, see above									

,	SUBMITTED BY		_				Con	plete (if applicable)
١	Name (Print/Type)	Sara	7	kingan w	Registration No. Attorney/Agent)	32,141	Telephone	202.824.3000
l	Signature		M		Ille		Date	September 12, 2003

WARNING: Information on this form may be done public. Credit card information should not be included on this form. Provide credit card information and subtroftation on PTO-2038.

Burden Hour Statement: This form is estimated to take 2.0 bust to complete. The will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chef Information Officer, U.S. Platert and Trademars Office, Washington, DC 20231.

DO NOT SEND FEED OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patients, Washington, DC 20231.